FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

FORM D

Washington, D.C. 20549

OMB APPROVAL OMB Number: Expires: April 30,2008
Estimated average burden hours per response.....16.00



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTIO



Name of Offering (check if this is an ar	mendment and name has changed, and indicate change.)	00038018
TGI VI (Plan Assets)		ACCURACY TO THE STATE OF THE ST
	Rule 504 Rule 505 Rule 506 Section 4(
ype of Filing: 📝 New Filing 📗 Amer	ndment	// JIJN 152006
	A. BASIC IDENTIFICATION DATA	4
. Enter the information requested about th		125
lame of Issuer (check if this is an amer	ndment and name has changed, and indicate change.)	
GI VI (Plan Assets)		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
vo Tribeca Global Management LLC, 7	31 Lexington Avenue, New York, NY 10022	(212) 559-4840
Address of Principal Business Operations if different from Executive Offices)	(Number and Street, City, State, Zip Code	Telephone Number (including Area Code)
Brief Description of Business		PROCESSE
Investment Fund		
		L MAN 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Type of Business Organization	limited partnership, already formed	(alease specific):
business trust	limited partnership, to be formed	(please specify): Cayman Islands Unit Trust INCOSON
lund lund	Month Year	
Actual or Estimated Date of Incorporation or Jurisdiction of Incorporation or Organization	7	
GENERAL INSTRUCTIONS		
Federal: Who Must File: All issuers making an offering 17d(6).	of securities in reliance on an exemption under Regulation	D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C
and Exchange Commission (SEC) on the earl	or than 15 days after the first sale of securities in the offeri ier of the date it is received by the SEC at the address give United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchang	e Commission, 450 Fifth Street, N.W., Washington, D.C.	20549.
Copies Required: Five (5) copies of this noti photocopies of the manually signed copy or b	ice must be filed with the SEC, one of which must be manu-	ially signed. Any copies not manually signed must b
	ntain all information requested. Amendments need only re nd any material changes from the information previously su	
Filing Fee: There is no federal filing fee.		
State:		
ULOE and that have adopted this form. Iss are to be, or have been made. If a state req	e on the Uniform Limited Offering Exemption (ULOE) for sucrs relying on ULOE must file a separate notice with the sucressite payment of a fee as a precondition to the claim filed in the appropriate states in accordance with state la	he Securities Administrator in each state where sale for the exemption, a fee in the proper amount sha
	ATTENTION	
	riate states will not result in a loss of the federal result in a loss of an available state exemption u	
	respond to the collection of information containe	

	A. BASIC ÎDE	VEIFICATION DATA		
2. Enter the information requested for the foll	owing:			
• Each promoter of the issuer, if the issuer	uer has been organized wit	hin the past five years;		
Each beneficial owner having the power	r to vote or dispose, or dire	ct the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.
Each executive officer and director of	corporate issuers and of c	orporate general and man	naging partners of p	partnership issuers; and
Each general and managing partner of	8			·
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Citigroup Global Markets, Inc.			Western von der se	
V :	Parat Char Char 2 - Char	f. X		
Business or Residence Address (Number and 388 Greenwich Street, New York, NY 100	1		4.2	
Check Box(es) that Apply:	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Citicorp Investment Services				
Business or Residence Address (Number and	Street, City, State, Zip Coo	de)		
One Court Square, 24th Floor, Long Island	d City, NY 11120	·		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Deere Special Sts.	1		AND THE PROPERTY OF THE PROPER	
Business or Residence Address (Number and	Street, City, State, Zip Co	de)		
c/o Citigroup Global Markets, Inc., 28 Sta	te Street, 26th Floor, B	oston, MA, 02109		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)	:	.		The state of the s
Business or Residence Address (Number and	Street City State 7in Ca	da).		
Business of residence Address (Address and	Street, City, State, Zip Co	ide)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
David and David		1		
Business or Residence Address (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)	1	.		
,	1			
Business or Residence Address (Number and	Street, City, State, Zip Co	ode)		
,	† 			
(Use blo	ank sheet, or copy and use	additional copies of this	sheet, as necessary	

	14		1016 11838 Abr	ere val	B. 1N	FORMATI	ON ABOU	r offerin	G '	14/4			
1.	Has the	issuer sold,										Yes	No E
				Ansv	ver also in	Appendix,	Column 2	, if filing u	ider ULO	E.			
2.	What is	the minimu	m investme	ent that w	ill be accep	oted from a	ny individu	ual?		-/		\$_500	,000.00
2	Dage the	e offering p	ammit laint	num archit	n af n cinat	a unit?		1				Yes	No
3. 4		e information										2	
4.	commiss If a pers or states	e information or similar on to be listed, list the nare or dealer,	ar remuner ed is an asso ne of the br	ation for s ociated per oker or de	olicitation rson or age aler. If mo	of purchase nt of a brok re than five	rs in conne er or dealer (5) person	ction with s registered s to be liste	ales of sec with the S d are asso	urities in th EC and/or	ie offering. with a state		
	•	Last name f lobal <mark>Ma</mark> rke		vidual)				:					
Bu	siness or	Residence A	Address (N	umber and	l Street, Ci	ty, State, Z	ip Code)		1- ₁₉ 47 - 4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4				
Na	me of Ass	sociated Bro	oker or Dea	ıler		Y R. I Marie and R. I. Marie a	A STATE OF THE STA	!	A the second	114 (1 74) 14 (184)			
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers					-	
	(Check	"All States"	or check i	indiviđual	States)		y++4++++++++++++++++++++++++++++++++++	· · · · · · · · · · · · · · · · · · ·			************	Z All	States
	AL	AK	ΑZ	AR	CA	CO]	[CT]	DE	DC	FL	GA	HI	ID
		IN	IA	KS	[KY]	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	ÖR	PA
	RI	SC	SD	IN	TX	UT	VT	VA	WA	WV	WI	WY	PR
	•	Last name f		vidual)				!					
		Residence		Number an	d Street, C	Sity, State, 2	Zip Code)						
Na	me of As	sociated Bro	oker or De	aler				 		y y de la company de la compan			
St:	tec in W	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
540		"All States										⊘ Al	l States
	AL	AK	AZ	AR	CA	[CO]	CT	DE	DC	FL	GA	HI	ID
		IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT [*]	NE	NV	NH	NJ	NM	\overline{NY}	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
		(Last name obal Marke		ividual)									
		r Residence		Number ar	nd Street, C	City, State,	Zip Code)	i				· ·	
N:	ame of As	ssociated Br	oker or De	aler	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	A-1-							
St	ates in W	hich Person	Listed Ha	s Solicite	i or Intend	s to Solicit	Purchasers	3					
	(Check	"All States	s" or check	individua	ıl States)			······································			,	⊘ Al	l States
	AL	AK	ΔZ	ĀR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	[NH]		NM	NY	NC TVA	ND	OH	OK	OR	PA
	RI	SC	[SD]	[TN]	TX	UT	VT	VA	WA	\overline{WV}	WL	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	sold. Enter "0" if the answer is "none this box and indicate in the columns				
	aiready exchanged.			Aggregate	Amount Already
	Type of Security			Offering Price	Sold
	Debt			\$	\$
		Common		-	***************************************
	Convertible Securities (including w	arrants)			\$

)			
	Total		i	\$ 50,000,000.00	\$ 50,000,000.00
	Answer also in Apper	ndix, Column 3, if filing under ULOI	£.		
2.	Enter the number of accredited and no offering and the aggregate dollar amout the number of persons who have pur purchases on the total lines. Enter "0"	ints of their purchases. For offerings schased securities and the aggregate	under Rule 504, i	ndicate	
				Number Investors	Aggregate Dollar Amount of Purchases
			i I		\$ 50,000,000.00
	Non-accredited Investors			0	\$_0.00
	Total (for filings under R	ule 504 only)			\$
	Answer also in Ar	prendix, Column 4, if filing under U	LOE.		
3.	If this filing is for an offering under Ru sold by the issuer, to date, in offerings first sale of securities in this offering	of the types indicated, in the twelve	(12) months pric	r to the ion 1.	
	Type of Offering		1	Type of Security	Dollar Amount Sold
	Rule 505				\$
					\$
					\$
			;		\$ 0.00
4		nses in connection with the issuance nounts relating solely to organization ect to future contingencies. If the am	and distribution expenses of the ount of an expen	n of the insurer.	
				П	\$ 0.00
	Printing and Engraving Costs		*****		§ 0.00
			<u> </u>		\$ 20,000.00
	Legal Fees				
	-			_	
	Accounting Fees				\$ 0.00 \$ 0.00
	Accounting Fees				\$ 0.00
	Accounting Fees Engineering Fees Sales Commissions (specify find	lers' fees separately)			\$ 0.00 \$ 0.00
	Accounting Fees				\$ 0.00 \$ 0.00 \$ 65,000.00

	<u> </u>		14 V. S. T. S. S. A. A	
b. Enter the difference between the aggrand total expenses furnished in response to proceeds to the issuer.	Part C — Question 4.a. This different	ence is the "adjusted	gross	\$\$
Indicate below the amount of the adjuste each of the purposes shown. If the amo check the box to the left of the estimate. I proceeds to the issuer set forth in respon	unt for any purpose is not known. The total of the payments listed mus	furnish an estimate t equal the adjusted i	and	
			Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees	·		\$ 15,170.10	
Purchase of real estate	ļ		[] \$	s
Purchase, rental or leasing and installat	ion of machinery	!		
and equipment	•			
Construction or leasing of plant building		:	S	- 🗆 \$
Acquisition of other businesses (includ offering that may be used in exchange t	ing the value of securities involved for the assets or securities of anoth	d in this		
issuer pursuant to a merger)	land assets of securities of auton		[] \$	s
Repayment of indebtedness				
Working capital	**************************************		[]\$	
Other (specify):	1		\$	\$
	1			
			S	s
Column Totals		!	\$ 15,170.10	s0.00
Total Payments Listed (column totals a				5,170.10
gar in the second secon	D. FEDERAL SIGN	a gripo and Till St. of Soft		
The issuer has duly caused this notice to be si signature constitutes an undertaking by the i	ssuer to furnish to the U.S. Securit	ies and Exchange Co	mmission, upon writt	
	Signature,		Date	
	Signature,		Date	2006
Issuer (Print or Type) TGi VI (Plan Assets)	Signature,	resial		,2004
Issuer (Print or Type) TGI VI (Plan Assets) Name of Signer (Print or Type)	Signature .	resial	Date	,2006
Issuer (Print or Type) TGi VI (Plan Assets)	Signature .	resial	Date	,2004
Name of Signer (Print or Type)	Signature .	resial	Date	,2006
Issuer (Print or Type) TGI VI (Plan Assets) Name of Signer (Print or Type)	Signature .	resial	Date	, 2006
Issuer (Print or Type) TGI VI (Plan Assets) Name of Signer (Print or Type)	Signature .	resial	Date	,2004
Issuer (Print or Type) TGI VI (Plan Assets) Name of Signer (Print or Type)	Signature .	resial	Date	, 2006
Issuer (Print or Type) TGI VI (Plan Assets) Name of Signer (Print or Type)	Signature .	resial	Date	, 2006
Issuer (Print or Type) TGI VI (Plan Assets) Name of Signer (Print or Type)	Signature .	resial	Date	,2004
Issuer (Print or Type) TGI VI (Plan Assets) Name of Signer (Print or Type)	Signature .	resial	Date	, 2006
Issuer (Print or Type) TGI VI (Plan Assets) Name of Signer (Print or Type)	Signature .	resial	Date	, 2006
Issuer (Print or Type) TGI VI (Plan Assets) Name of Signer (Print or Type)	Signature .	resial	Date	,2004

		1	!			
		E. STATES	IGNATURE			
1.	Is any party described in 17 CFR 2 provisions of such rule?			ttion	Yes	No (X)
		See Appendix, Column	5, for state response	2		
2.	The undersigned issuer hereby und D (17 CFR 239.500) at such times		administrator of any st	ate in which this notice is:	filed a no	tice on Form
3.	The undersigned issuer hereby unissuer to offerees.	dertakes to furnish to the state	e administrators, upor	n written request, informa	ition furn	ished by the
4.	The undersigned issuer represents limited Offering Exemption (ULO of this exemption has the burden of	E) of the state in which this no	otice is filed and unde	rstands that the issuer cla		
	er has read this notification and know thorized person.	ws the contents to be true and h	as duly caused this not	ice to be signed on its beh	alf by the	undersigned
,	Print or Type) (Plan Assets)	Signature	For	Date June 15	 5,200	(c)
Jame (Print or Type) 11.4 Katzan	Title (Print or T	ype) (- 	
	,		i			
			:			

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

3				άr	PENDIX	7 4 7	7.4.7		,	
	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	!	Number of Accredited Investors	Amount	No	umber of n-Accredited Investors	Amount	Yes	No
AL						:				
AK					1000	!				
AZ			,			İ				
AR										
CA						1				
CO						1				
CT	or - Processing State of Mills and Patrick Stock Age Susa								i anno al ing	
DE										
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Mï		-				•				
MN										
MS			1			1				

APPENDIX. 2 3 1 4 | Disqualification under State ULOE Type of security (if yes, attach Intend to sell and aggregate Type of investor and explanation of to non-accredited offering price investors in State offered in state amount purchased in State waiver granted) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Amount Investors Amount Yes No MO MT NE NVNH NJ NMNY NC ND ОН ΟK OR Units - \$50,000,000 PA ď × \$50,000,000.00 \$0.00 X 1 RI SC SD TN TXUT VŢ VAWA WVWI

1 2 4 8 1 2 2 4 8 1				APP	ENDIX	16. 46.	ig Win			
1	I 2 Intend to sell and to non-accredited investors in State offer		Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Non-	mber of Accredited vestors	Amount	Yes	No
PR		waita, starrantow - tarranto				-				